

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 6, 2019

Ms. Melissa Greason, Manager Washington Elms 126 Elm Street Bennington, VT 05201-2232

Dear Ms. Greason:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 6, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

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PRINTED: 03/19/2019 FORM APPROVED

STATEME	NT OF DEFICIENCIES	otection (X1) PROVIDERISUPALIERICHA	(X2) MULTIE	LE CONSTRUCTION	(V3) DATE SUBVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	1	3	(X3) DATE SURVEY COMPLETED
		0103	B. WING		C
					03/06/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
WASHIN	GTON ELMS	126 ELM			
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R100	Initial Comments:		R100		
	was conducted by t	n-site complaint investigation in the Division of Licensing and of the following regulatory lied.			
R191 SS=D	V RESIDENT CAR	E AND HOME SERVICES	R191		!
:	5.12 Records/Re	eports			
	5.12.c A home must the licensing agency	It file the following reports with $\epsilon$	-	Please see next page.	:
	regardless of size of agency and the Dep must be notified with written report must to	ire occurs in the home, r damage, the licensing lartment of Labor and Industry lin twenty-four (24) hours. A be submitted to both seventy-two (72) hours. A hall be kept on file.			
	illness shall be place	report of any accident or ed in the resident's record. I shall be reported and a			
	of a resident from a shall be reported to representative and for shall be reported to twenty-four (24) hou	amily, if any. The incident the licensing agency within rs of disappearance followed ithin seventy-two (72) hours,			•
	cessation to the horr services (plumbing, I	report of any breakdown or ne's physical plant's major neat, water supply, etc.) or ich disrupts the normat			

## 2019/04/16 12:08:44 5 /5

Division of Licensing and Pro	OLECHON			FORM APPROVE
STATEMENT OF DEFICIENCIES IND-PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED
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incident occurs. Act to the licensing ager hours.  5.12.c. (5) A written incidents of abuse, reported to the licensing ager death following the unchamical restraint.  This REQUIREMENT in Based on staff interval an out of service elementately, and faill report to to licensing (72) hours. The finding Per interview with the on 3/6/2019 at 9:00 At that the elevator, while and from the second service for over sever confirmed that it had licensing agency imm	The licensee shall notify the mediately whenever such an appropriate of the report shall be sent accepted or exploitation as agency.  This not met as evidenced is the facility failed to report agency within seventy-two agency within seventy-two agency within seventy-two agency within seventy two and confirmation was made to transports residents to floor living area, was out of an (7) days. She also not been reported to the ediately and a copy of the other licensing agency within	R191	R191- 5ed 5.  The the ful an not be withing both the Dep of the Dep of the Dep of the Wester Roll of the A wester Roll of the Above of Facility Stal	sweshall  2 at how,  sensula flow,  to one up with  eport within  Twill make  societ &  societ &

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death following the chemical restraint.	en report of resident injury or use of mechanical or		New Staff	eed with an
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# POLICY AND PROCEDURES For ELEVATOR

- 1.) DO NOT use elevator in an event of a fire!
- 2.) STAFF ONLY to operate elevator!
- 3.) Elevator not to be operated between hours of 11pm until 6am unless necessary.
- 4.) STAFF encouraged to use stairs as opposed to elevator
- 5.) VT. Dept of Licensing to be notified, as well as Dept. of Labor & Industry, within 24hrs, if elevator is out of service. Written reports within 72hrs.

VT. Dept. of Licensing
HC 2 South, 2809 State Dr,
Waterbury, Vt 05671
(802)241-0344

VT. Dept. of Labor & Industry
5 Green Mountain Dr,
Montpelier, Vt 05602
(802)828-4000

attach to Plan of Correction